CLAIMS ONLY

Application Number	Filing Date
10500627	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7	1		1				57						
8		1		1			58						
9	1		1				59						
10	1		1				60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14	1		1				64						
15	1		1				65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	6		6				Total Indep						
Total Depend	13		13				Total Depend						
Total Claims	19		19				Total Claims						